PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003								Application or Docket Number					
								09/629784					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALLENTITY		
TO	OTAL-CLÁIMS	· · · . · · ·	100idiii	<u> </u>	(COIGAIL) 2		]	ATE	FEE	- On	RATE	FEE	
			NUMBER EILED		NUMBER EXTRA		<b>∤</b>	IC FEE	<del> </del>	<u> </u>	BASIC FEE	<del> </del>	
FOR			NUMBER FILED		NUMBER EXTRA		<b> </b>	<del></del>	3 303.00	HOH	<del></del>	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		·		×	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		<u> </u>		×	X43=		OR	X86=	_	
MULTIPLE DEPENDENT CLAIM PRESENT						+1	+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TC	TAL		OR	L			
CLAIMS AS AMENDED - PART II										1	OTHER	THAN	
577-05 (Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	SMALL	ENTITY	
ITA		CLAIMS REMAINING AFTER	:	HIGHI NUME PREVIO	BER	PRESENT EXTRA	R/	TE .	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT A		AMENDMENT		PAID	FOR	<del>                                     </del>			FEE	1	V040	FEE	
2	Total	• / 7	Minus	** /	<u>[]                                    </u>	= /	X3	9₌ .		OR	_X\$18=		
AME	Independent * Minus ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM	= /	X4	3=		OR	X86=	. 17 **		
لنا	FINST FRESE	ATTATION DI MA		Litoliti	00,		+14	5=		OR	+290=	. •	
							ADDIT	OTAL		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								. rec. <b>.</b>	<del></del>		~DDII. I EEI		
NDMENT B		CLAIMS REMAINING		HIGHE	ST	PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID F		EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL. FEE	
	Total	*	Minus	## /	01	=	X\$.	9=		OR	X\$18=		
AMENDI	Independent	*	Minus	***	6.,	=	X4:	3=.	·	OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM		110	_			+290=		
						•	+14	DTAL		OR	TOTAL		
							ADDIT			OR ,	DOIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									· · · ·				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA	RA		ADDI- TONAL FEE	l	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	. X\$	)=		OR	X\$18=		
	Independent	•	Minus	***		=	X43			Ī	X86=		
Ā	FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR-		# 1212.FL-V 31	
			•				+14	5=		OR	+290=		
				_									
•• [	the "Highest Nur	nn 1 is less than th nber Previously Pa mber Previously Pa	id For IN THIS	S SPACE IS	less than	1 20, enter "20."	ADDIT.	TAL FEE	·	OR A	TOTAL DOTT, FEE		

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